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Confirmation No.

6890

Subject Matter

US Patent Application Number: 10/507,408

Amendment made in response to Office Action dated September 12, 2006

Total Pages

(including cover sheet)

13 Pages

Attachments

Certificate of Transmission

b) Transmittal Form

c) Fee Transmittal Form

d) Terminal Disclaimer to Obviate A Provisional Double Patenting

Rejection Over A Pending Second Application

e) Amendment made in response to Office Action dated September 12,

2006.

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- a) Transmittal Form
- b) Fee Transmittal Form
- c) Terminal Disclaimer to Obviate A Provisional Double Patenting Rejection Over A Pending Second Application
- d) Amendment made in response to Office Action dated September 12, 2006.

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(Application Number	10/50			
TRANSMITTAL	Filing Date	May 2	May 24, 2005			
FORM		First Named Inventor	Rudi F	Rudi FRENZEL		
· ·		Art Unit	2185			
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After Final	Provisional Application	Application Proprietary Information				
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Horizon IP Pte Ltd						
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Printed name Dexter CHIN	_		-			
Date December 12, 2006 F				g. No. 38,842		
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Signature Felenmil			-			
Typed or printed name Kelynn LIM				Date	December 12, 2006	

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FEE TRANSMITTAL			Complete if Known							
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			1L	Saint Saint		May 24, 2005				
Fo	2005		-		FRENZEL					
			Examiner Name Samuel A. DILLON			NI .				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2185							
TOTAL AMOUNT OF PA	YMENT (\$) 130.00		Attorney Docker		2003 NAT 0	5 WOUS			
METHOD OF PAYMEN	NT (check :	all that apply)								
Check Credit		Moncy Order	Nor	e Other (r	olease identify):					
Deposit Account Deposit Account Number: 50-2388 Deposit Account Name: Horizon IP Pte Ltd										
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FEE CALCULATION				***						
1. BASIC FILING, SEA	RCH, AND	EXAMINATION I	FEES							
	FILING	FEES		CH FEES	EXAMINATION					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		all Entity ee (\$)	Fces Paid (\$)			
Utility	300	150	500	250		100				
Design	200	100	100	50	130	65	 ,			
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250		300				
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2. EXCESS CLAIM FE	ES		•	v	v		mall Entity			
Each claim over 20 (<u>Feq.(\$)</u> 25									
Each independent cla	im over 3	(including Reissu	es)			50 200	100			
Multiple dependent claims						360	180			
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						Multiple Depe	endent Claims			
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